


(1) Site:		Migrant Education Program Certificate of Eligibility (COE)		 opi.mt.gov	Montana Office of Public Instruction Denise Juneau, State Superintendent		(5) COE #:										
(2) Migrant Contact Phone #:					(6) Family ID #:												
(3) Recruiter ID#:																	
(4) School Year 20 ____ – 20 ____																	
A. FAMILY DATA																	
(1) Male Parent/Guardian (Last Name, First Name):					(2) Female Parent/Guardian (Last Name, First Name):												
(3) Legal Male Parent/Guardian (if different from current) / Legal Female Parent /Guardian (if different from current)					(4) Homebase District:												
(5) Current Address: City: State: Zip: Ph.: ( )																	
(6) Homebase Address: City: State: Zip: Ph.: ( )																	
The children listed on this form arrived in the present school district on (7) Residency Date (MM/DD/YY) from (8) City State Country																	
B. CHILD DATA																	
(1) LE #	(2) Child – NGS No.	(3) Child(ren)'s Name(s) Last Name 1 Last Name 2 Suffix First Middle Name					(4) Sex	(5) Eth.	(6) MB	(7) Birth Date	(8) Code	(9) Birthplace City/State/Country	(10) Enr. Date	(11) Type	(12) Gr.	(13) Hlth Alert	(14) Int. School
C. QUALIFYING MOVE & WORK									D. ECONOMIC NECESSITY <input type="checkbox"/> Agricultural work provides needed family income. OR <input type="checkbox"/> See attached COE SDF.								
(1) The child(ren) listed on this form moved from a residence in School district / City / State / Country to a residence in School district / City / State.  (2) The child(ren) moved (complete both a. and b.): a. <input type="checkbox"/> on own as worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker.  b. The worker, First Name and Last Name of Worker, is the child or the child's <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> guardian.  i. (Complete if "to join or precede" is checked in 2a.) The worker moved on MM/DD/YY.  The child(ren) moved on MM/DD/YY. (provide comment)  (3) The Qualifying Arrival Date was MM/DD/YY.  (4) The worker moved due to economic necessity in order to obtain: a. <input type="checkbox"/> qualifying work, and obtained qualifying work, OR  b. <input type="checkbox"/> any work, and obtained qualifying work soon after the move, OR  c. <input type="checkbox"/> qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work: i. <input type="checkbox"/> The worker has a prior history of moves to obtain qualifying work (provide comment), OR ii. <input type="checkbox"/> There is other credible evidence that the worker actively sought qualifying work soon after the move (provide comment).  (5) The qualifying work,* describe agricultural or fishing work, was (make a selection in both a. and b.): a. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work *If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)  (6) (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on: a. <input type="checkbox"/> worker's statement (provide comment), OR b. <input type="checkbox"/> employer's statement (provide comment), OR c. <input type="checkbox"/> State documentation for Employer									E. COMMENTS (Must include 2bi, 4c, 5, 6a and 6b of the Qualifying Move & Work Section, if applicable)  <input type="checkbox"/> See attached COMMENTS.								
									F. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE I understand the purpose of this form is to help the State determine if the child(ren)/youth listed on this form is/are eligible for the Title I, Part C Migrant Education Program. To the best of my knowledge, all of the information I provided to the interviewer is true.  <input type="checkbox"/> The rules for migrant eligibility, services, student record transfer, and the Family Educational Rights and Privacy Act (FERPA) have been explained to me. I hereby authorize this Local Education Agency, the Montana Office of Public Instruction, the New Generation System (NGS) and the Migrant Student Information Exchange (MSIX) to release, transfer, and/or receive my child's educational and health records, including immunization records and standardized test results, to/from other schools and educational agencies. In order to possibly qualify for more educational, health, or social services, I further consent that student/family information, including student/parent name, address, phone number, student date of birth, and student district/campus enrollment, otherwise confidential under the provisions of FERPA, may be shared with organizations that provide services under the aegis of the following: the special projects of the Montana MEP, the College Assistance Migrant Program (CAMP), the High School Equivalency Program (HEP), Head Start, the Montana Migrant Council, the Montana Department of Health and Human Services (DPHHS), the National Center for Farmworker Health, Rural Employment Opportunities (REO), and state- and federally-funded community and migrant health centers.								
(1) Signature (2) Relationship to child(ren) (3) Date (MM/DD/YY)									(4) Language Used to Explain the Contents of This Document: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER (specify):								
G. ELIGIBILITY CERTIFICATION I certify that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these children are migratory children as defined in 20 U.S.C. 6399(2) and implementing regulations, and thus eligible as such for MEP services. I hereby certify that, to the best of my knowledge, the information is true, reliable, and valid and I understand that any false statement provided herein that I have made is subject to fine or imprisonment pursuant to 18 U.S.C. 1001.  <input type="checkbox"/> I certify that I have received training in determining migrant eligibility and the types of services available to this family from the MEP and other agencies in the community.									(1) Signature of Interviewer (2) Date (MM/DD/YY)								
									(3) Signature of Designated SEA Reviewer (4) Date (MM/DD/YY)								
H. CONTINUED RESIDENCY VERIFICATION									National Migrant Education Hotline 1-800-234-8848								
(1) School Year	(2) Grades (in order from B12)	(3) Person Interviewed		(4) How verified		(5) Signature of Person Verifying Residency		Date	(6) Enrollment Date		(7) Type						

## MT MEP Certificate of Eligibility

This information does not supersede or replace the full instructions in the Montana ID&R Manual. See the manual for questions about documentation and eligibility. Use black ink on the COE. For items that do not apply or when no information is available use "N/A" or a "—." Always complete required elements.

<p><b>Top Section</b></p> <p>Top (1) Name of the MEP site          Top (2) Phone number for the migrant contact at the site          Top (3) Number assigned to the trained interviewer by the State          Top (4) School year in which the child is enrolled with this COE          Top (5) Preprinted form identification number          Top (6) Identification number assigned to the family in NGS</p>	<p><b>Section B: Child Data (continued)</b></p> <p>B (10) Enrollment date (mm/dd/yy)          B (11) Enrollment type:              S— Summer School and/or Outreach (receiving MEP-funded services beyond certification)              P— Residency only - no services              R— Enrolled and receiving MEP services during the regular school year          B (12) Grade Level              P0-P5—1 day - 5 years old              K - 12—Kindergarten - 12th grade              UG—Ungraded (attending school with no grade designation)              OS—Out of School (dropout or never enrolled in U.S. schools)          B (13) Health Alert: "N" for "no" or "Y" for "yes"; if Yes, attach a description of the alert          B (14) Interrupted Schooling: Indicate No = N. If YES, fill in 1, 2, 3, 4, or 5:              1 QAD in regular school term (September through May)              2 Two or more schools attended (September through May)              3 Withdrew from school, did not re-enroll (September through May)              4 Absences due to migrancy              5 Missing essential programs in home base</p>
<p><b>Section A: Family Data</b></p> <p>A (1) Current male parent's or guardian's name          A (2) Current female parent's or guardian's name          A (3) Legal male and female parents' names (biological or adoptive) if different from A(1) and (2)          A (4) District in which the family lives during the regular school year          A (5) Address where family is currently living          A (6) Address where family lives most of the time          A (7) Record the date (mm/dd/yy) that the child(ren) entered the present school district          A (8) Location the children moved from</p>	<p><b>Section C: Qualifying Move and Work</b></p> <p>C (1) Record the location from which and to which the children moved. If the move is within the same city, the district and city must be recorded. If the move was within the same state, city and state must be recorded. If the move was from one state or one country to another, state and country must be recorded.          C (2) If "to join or precede" is checked, comments must include the reason for the different move dates.          C (3) In general, the QAD is the date that both the child and worker completed the move. The child must have moved on his or her own, or with or to join a parent, guardian or spouse to enable the worker (i.e., child, parent, guardian or spouse) to obtain qualifying work.          C (4) If box c is checked, comments and/or supporting documentation must be attached.          C (5) Use an action verb and a noun to describe agricultural work. If the type of work is temporary, number 6 must be completed.          C (6) Provide comments and/or supporting documentation if the work is temporary.</p>
<p><b>Section B: Child Data</b></p> <p>B (1) Legal Entity number of the present school district in Montana          B (2) NGS unique student identifying number          B (3) Names of the children: enter N/A or a "—" if a child does not have the name listed          B (4) Child's sex: "M" for male or "F" for female          B (5) Ethnicity              1—American Indian, Alaska Native              2—Asian              3—Black or African America              4—Hispanic or Latino              5—White              6—Native Hawaiian or Other Pacific Islander          B (6) Multiple birth: Record "N" for "no" or "Y" for "yes" if the child is a twin, triplet, etc.          B (7) Record the month, day and year the child was born (mm/dd/yy)          B (8) Birth verification code              03 – baptismal or church certificate;              04 – birth certificate;              05 – entry in family Bible;              06 – hospital certificate;              07 – parent's affidavit;              08 – passport;              09 – physician's certificate;              10 – previously verified school records;              11 – State-issued ID;              12 – driver's license;              13 – immigration document;              82 – life insurance policy; or              99 – other          B (9) Birthplace with abbreviations for state and country</p>	<p><b>Section D: Economic Necessity</b></p> <p>Does agricultural work provide needed family income? If not, a supplementary documentation form (SDF) must be attached explaining how the family meets the economic necessity requirement.</p> <p><b>Section E: Comments</b>--comments required if applicable from 2bi, 4c, 5, 6a and 6b of the Qualifying Move &amp; Work Section C</p> <p><b>Section F:</b> Parent, guardian, spouse, or worker signature required</p> <p><b>Section G:</b> Interviewer and SEA reviewer signatures required to validate the COE</p> <p><b>Section H: Continued Residency Verification</b></p> <p>H (1) School year runs from September 1 to August 31          H (2) Grades of students in current school year, in order from 19 above          H (3) Person from whom residency verification was obtained          H (4) List school record, home visit, or other          H (5) Signature of person verifying residency in Montana and date          H (6) Enrollment date (mm/dd/yy)          H (7) Enrollment type: see B (11) for codes</p>